(Rev. 5/05)

ORIGINAL

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

(1) _Kevin A. Apgar   302981_
(Name of Plaintiff)   (Inmate Number)

P.O. box 9561 Wilmington, DE 19801
(Complete Address with zip code)

(2) _____
(Name of Plaintiff)   (Inmate Number)

_____
(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) _Warden Raphael Williams_
(2) _Dr. Binnon (CMS)_
(3) _James Welch_
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

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: 07 - 505
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: (Case Number)
: (to be assigned by U.S. District Court)
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: **CIVIL COMPLAINT**
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: ✓ Jury Trial Requested
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CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
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I.   PREVIOUS LAWSUITS

A.   If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

_N/A_

II.   **EXHAUSTION OF ADMINISTRATIVE REMEDIES**

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

A.   Is there a prisoner grievance procedure available at your present institution?   • Yes • •No

B.   Have you fully exhausted your available administrative remedies regarding each of your present claims?   • •Yes • •No

C.   If your answer to "B" is Yes:

1.   What steps did you take? _I've filed numerous grievances (medical) in an attempt to begin treatment for hepatitus C_

2.   What was the result? _Was promised that steps would be taken in the direction of treatment - liver biopsy, psychological evaluation, but nothing was ever done._

D.   If your answer to "B" is No, explain why not: _____

III.   **DEFENDANTS** (in order listed on the caption)

(1) Name of first defendant: _Raphael Williams_

Employed as _Warden Williams_ at _H.R.Y.C.I._

Mailing address with zip code: _1301 E. 12th St. Wilmington, DE 19801_

(2) Name of second defendant: _Dr. Peter Binnon_

Employed as _Chronic care Dr. Binnon_ at _H.R.Y.C.I._

Mailing address with zip code: _1301 E. 12th St. Wilmington, DE 19801_

(3) Name of third defendant: _James Welch_

Employed as _Medical Service Administrat_ at _Department of Corrections_

Mailing address with zip code: _245 McKee Rd. Dover, DE 19904_

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

Feb.'07

1. (Warden Williams) I wrote him concerning the neglect of my medical condition and asked if he could press the severity of this issue onto medical service administrator (who works for DOC in Dover), James Welch. No response nor anything

2. Feb.'07 (Dr. Binnon) I saw him and expressed my wish to begin treatment because of my highly elevated enzyme levels attributed to the liver disease chronic hepatitus c. To this date nothing accomplished. No lab work done either. (chronic care)

3. (James Welch) Due to the indifference on behalf of Warden R. Williams, I took it upon myself to write James Welch regarding the neglect of treatment for my hepatitus C. To this date no response of relief.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Necessary steps taken (liver biopsy, psychological evaluation) so that my treatment for hepatitus C can proceed.

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2. <u>Whatever monetary sum is deemed appropriate by the court for DOC's complete disregard of my 8th Ammendment rights and the undue psychological & physical pain that has been inflicted by their neglect. (The physical damage my body has endured by medical neglect will never be able to be fully exacted)</u>

3. _____

_____

_____

_____

_____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this __8th__ day of __August__, 2 __0 0 7__

__Kevin A. Capron__
(Signature of Plaintiff 1)

_____
(Signature of Plaintiff 2)

_____
(Signature of Plaintiff 3)

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(Dr. Binnon)

On Aug. 15th, 2007, I saw Dr. Binnon and informed him that I cannot take Tylenol, Motrin, Ibuprofen, Mobic (anything containing the above) on a daily basis due to unnecessary damage that it would do to my liver because of hepatitus C. (I suffer extreme pain due to a bone spur in my back that's grinding a groove into my rib cage. I explained this to Dr. Binnon but he remained obstinate on his position.

Kevin Apgar

SBI# 302781 Dorm 2

P.O. Box WILMINGTON, DE 19850   AUG 16 2007   WILMINGTON

Clerk
U.S. District Court
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Wilmington, DE 19801